FROM : MUN	ISHIS		PHONE NO. :	619 4	57 7657		Jan. 15	2008	02:02PM P2
		PART B	- FEE(S) TRAN	NSMITT	rai.				
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					Jan.	15 21	208		(Signature)
APPLICATION NO.	FILING DATE		PIRST NAMED INVEN	TOR		ATTORNEY D	OCKET NO.	CONF	IRMATION NO.
09/432,820	11/02/1999		ARCHANA KAPC	OR		A-57004	-4/RF	. :	1595
TITLE OF INVENTION	: MEMBRANR-ASSOC	iated immunogen	S OF MYCOBACTE	RIA	٠				
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EXAMINER		ART UNIT	CLASS-SUBCLASS 01/16/2008 NNGUYEN2 00				. 00000013		
ZARA, JANE J		1635	530-388400		01 FC:2				20.00 OP
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3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print	or type).	. If an assign	nce is identified	below, the	document	has been filed fo
recordation as act fort (A) NAME OF ASSI	less an assignee is ident thin 37 CFR 3.11. Comp GNEE	sletion of this form is NC	OT a substitute for filit (B) RESIDENCE: (ng an assig (CITY and	nment. STATE OR	COUNTRY)			
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a Applicant claim	itus (from status indicate as SMALL ENTITY state	us. Sec 37 CFR 1.27.	☐ b. Applicant is n	no longer e	laiming SMA	LL ENTITY st	atus. See 37	CFR 1,27((g)(2)
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Date Jan. 15,2008

Application No. 09/432, 820

Figst Named Inventor ARCHANA KAPOOR

Attached

1) Part - B - Fees Teansmitted (PTOL-85) 2) Credit Card Payment Form (PTO - 2038)

Archara Kapoor

T: 858-847-9497

Of Pages: 3 (including this)